

Agenda

Date: June 17, 2022

Time: 11:30am CT/12:30 pm ET

Topic: COVID-19 Provider Update Webinar

Agenda:

Introduction/Welcome

John Dunn, DVM, PhD

COVID-19 Surveillance Update

Magdalena Dorvil-Joanem, MD, MPH

Jane Yackley, MPH

COVID-19 Therapeutics Update

Calita Richards, PharmD, MPH

COVID-19 Pediatric Vaccination Data Visualization Update

Emily Lumley, MPH

COVID-19 Vaccine Update

Paul Petersen, PharmD, MPH, CEM

Questions and Answers (via chat)



COVID-19 Surveillance Update

Tennessee Department of Health

Magdalena Dorvil-Joanem, MD, MPH
COVID-19 Surveillance
TN Dept of Health

COVID-19 Trends in TN & US

- Tennessee

- New cases fairly stable, early signs of decline (total ~10,600/week)
- Hospitalizations increase (487 hospitalized)
- Most TN counties still in “low” community level, some in “medium”, and Davidson county in “high”

- U.S.A.

- Cases fairly stable
- Deaths slightly decreasing
- New hospitalizations increasing

Cases Total

85,681,615

Deaths Total

1,007,374

Current Hosp.

24,220

Case Trends



Death Trends



Admission Trends



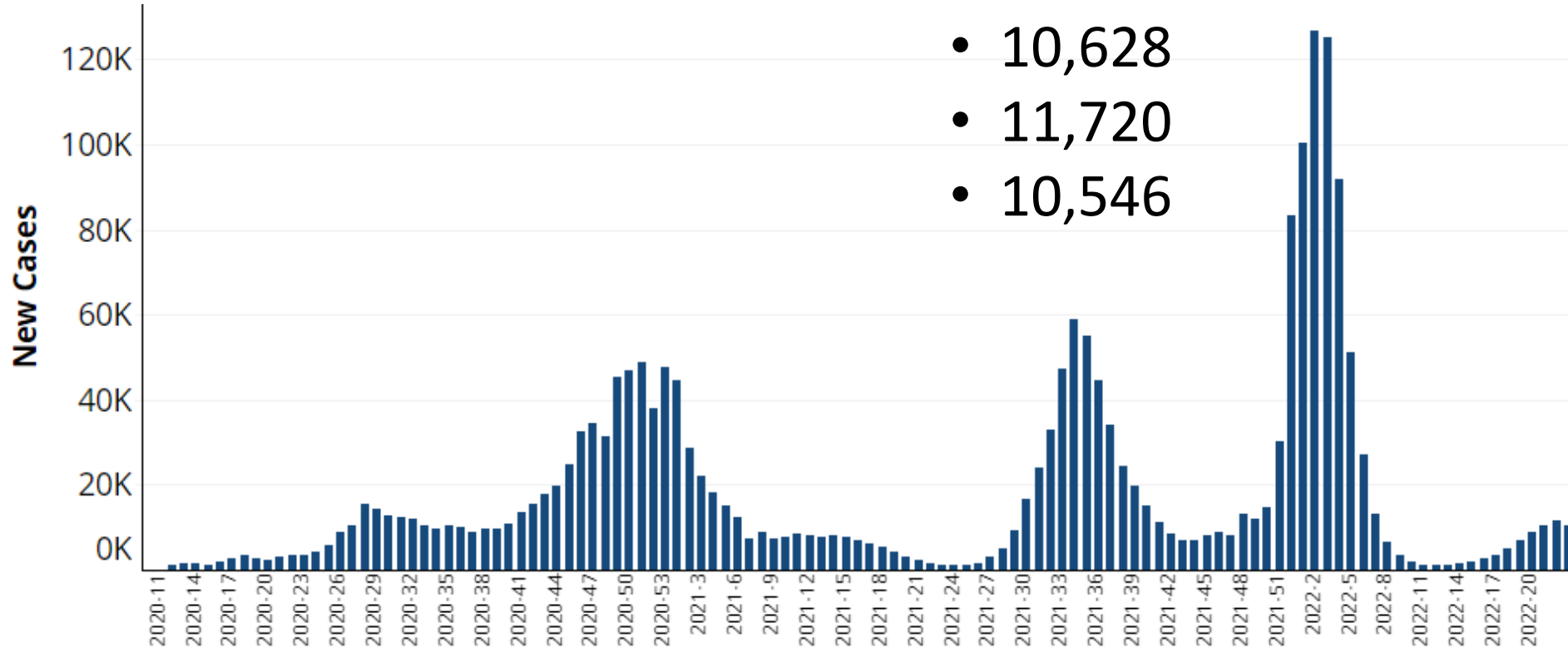
Case Counts (as of 06/11/2022)

2,086,157
Total Cases

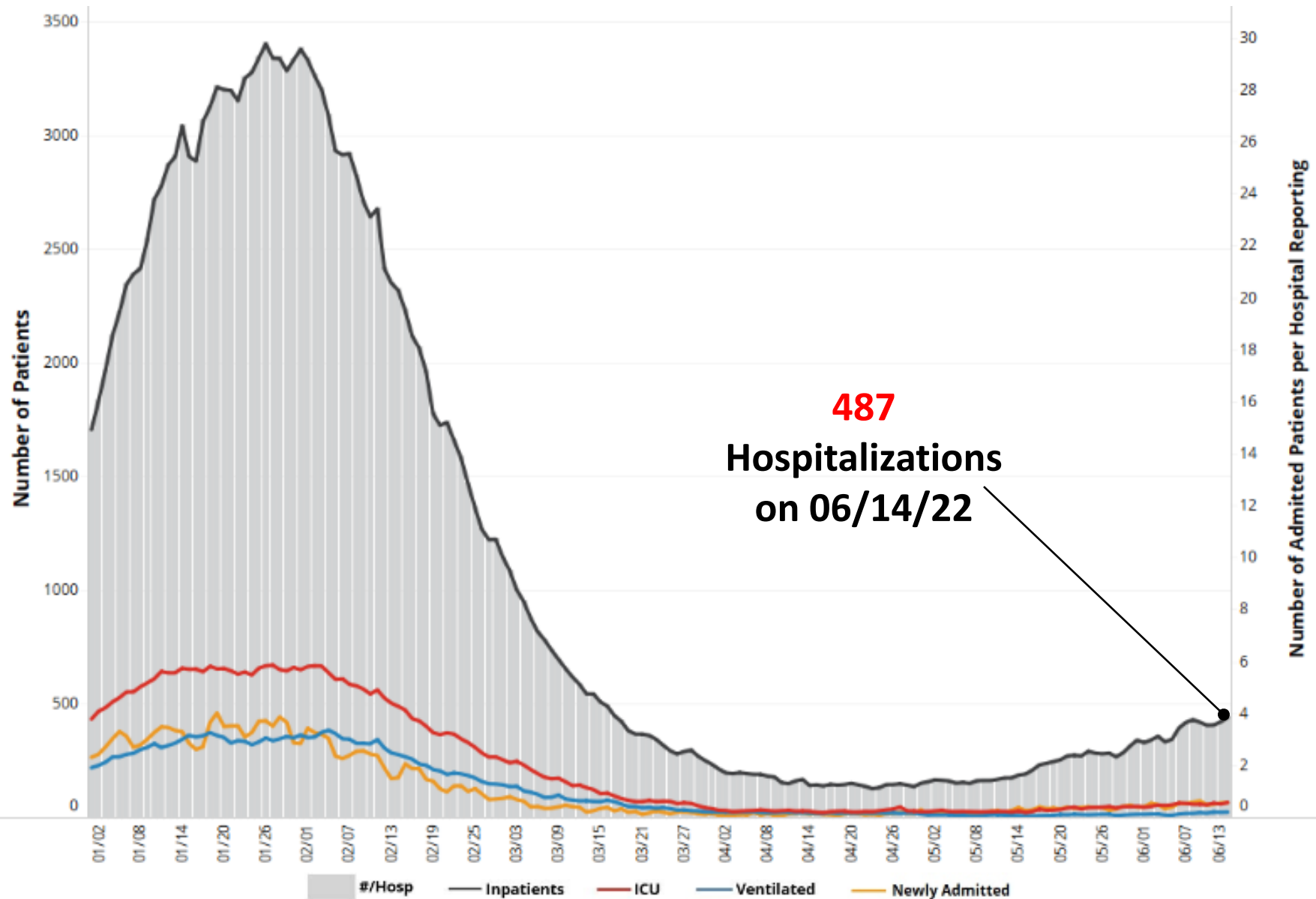
By Specimen Collection Date

Last 3 weeks:

- 10,628
- 11,720
- 10,546



Current COVID Hospitalizations

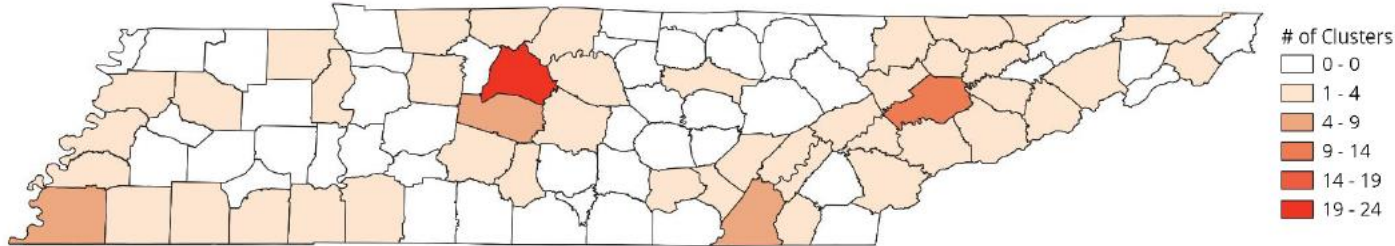


COVID Cluster in High-Risk Settings

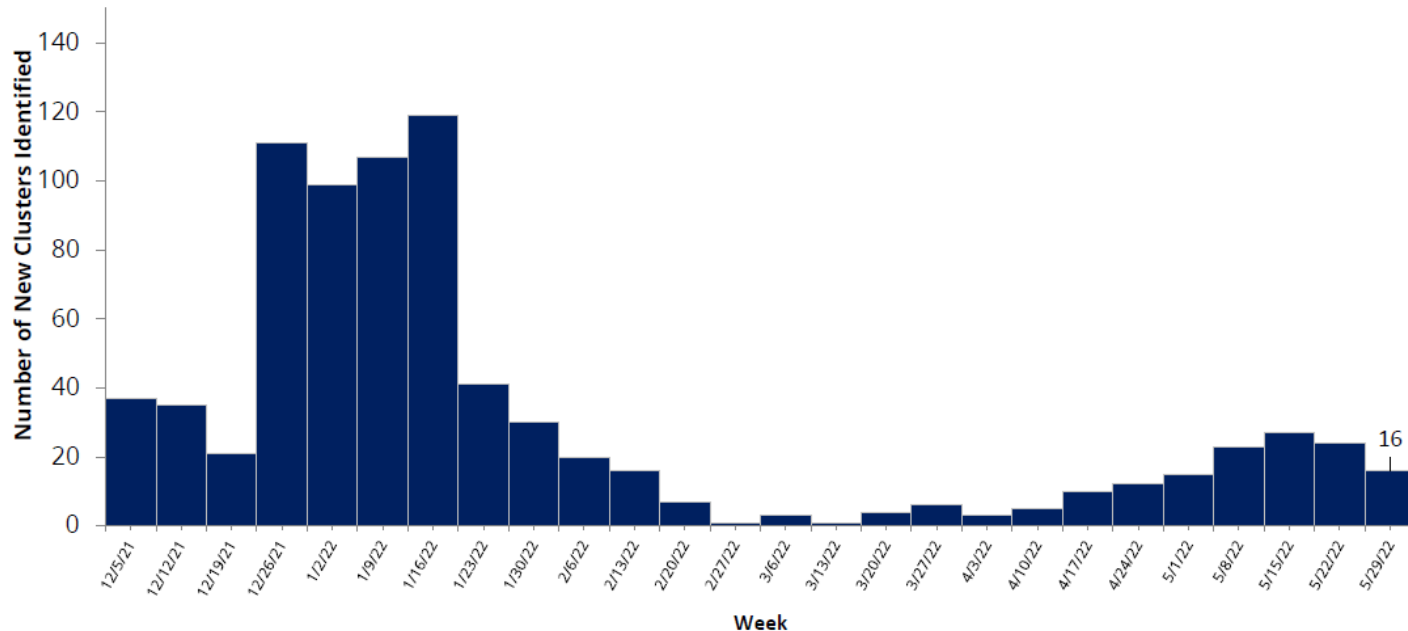
144
Total Active
Clusters

High-risk settings include long-term care facilities, correctional facilities, shelters, and other congregate settings

Active Clusters by County



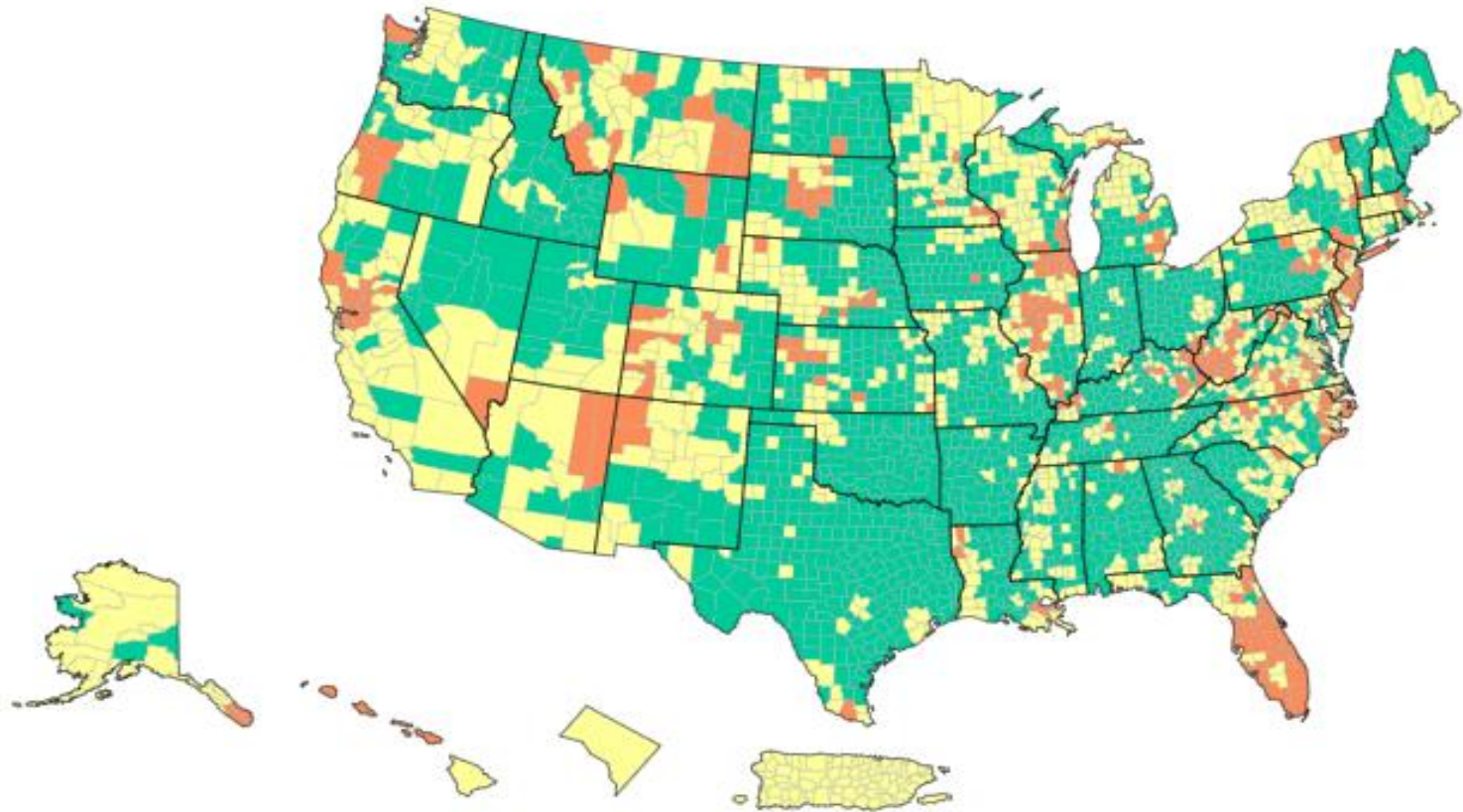
Confirmed Clusters by Week



CDC Community Levels

Legend

- High
- Medium
- Low
- N/A

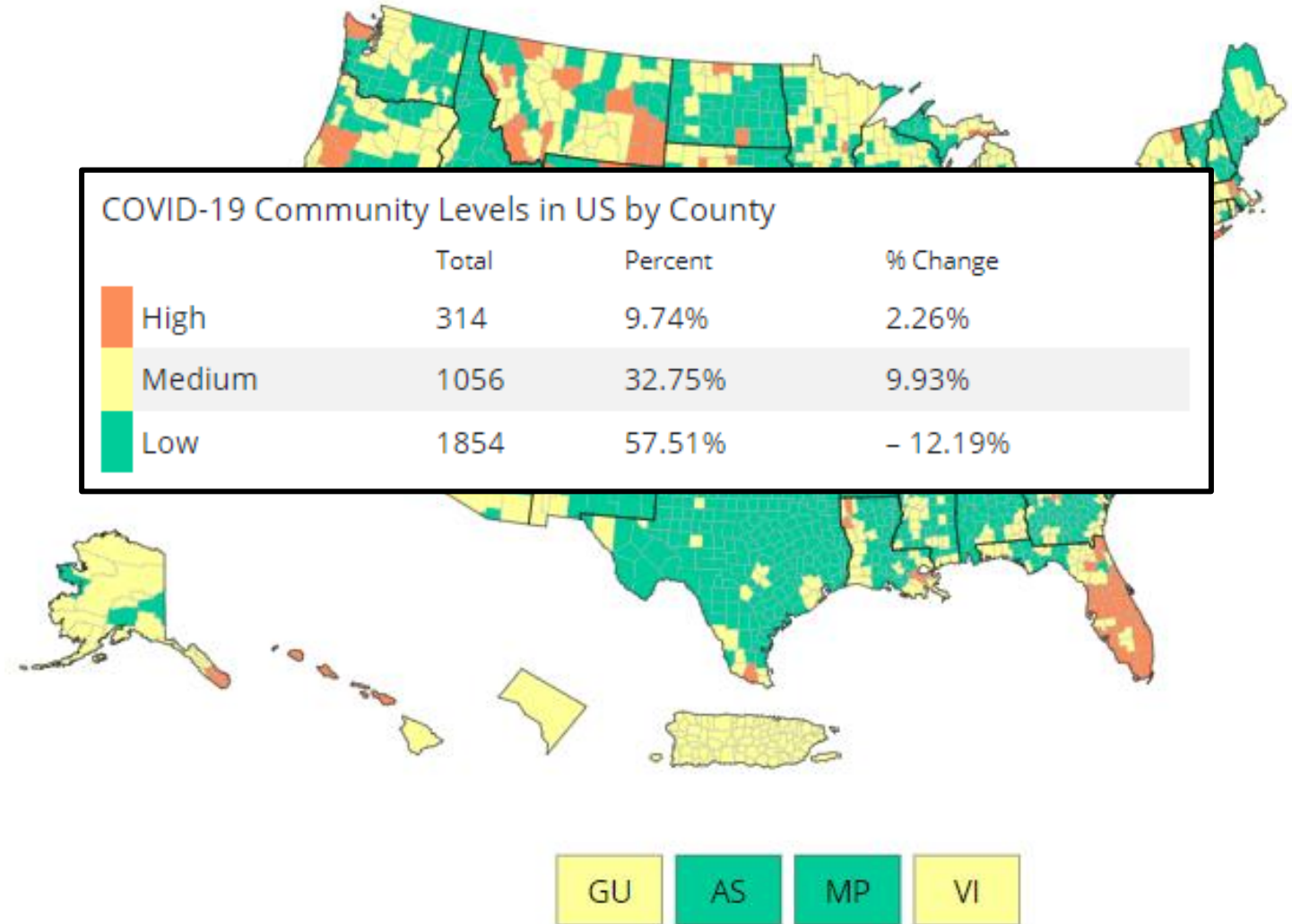


GU AS MP VI

CDC Community Levels

Legend

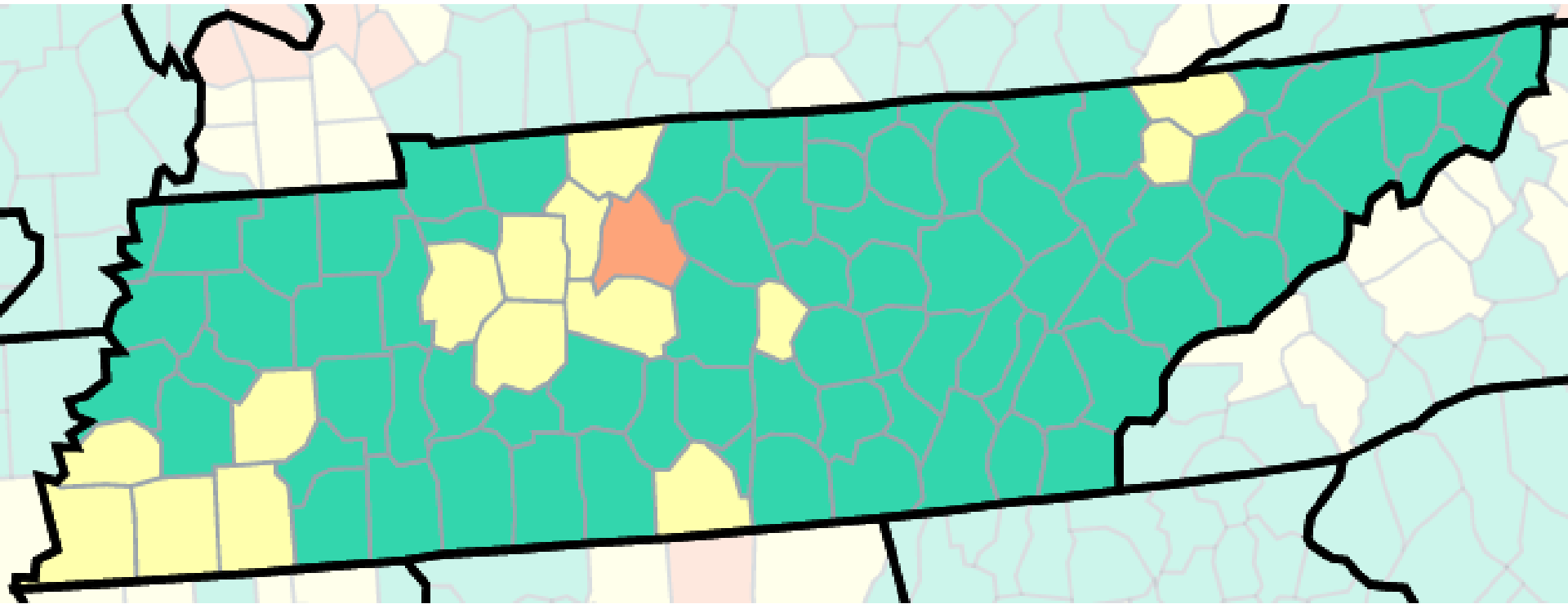
- High
- Medium
- Low
- N/A



Community Levels in Tennessee

Legend

- High
- Medium
- Low
- N/A



Prevention Measures

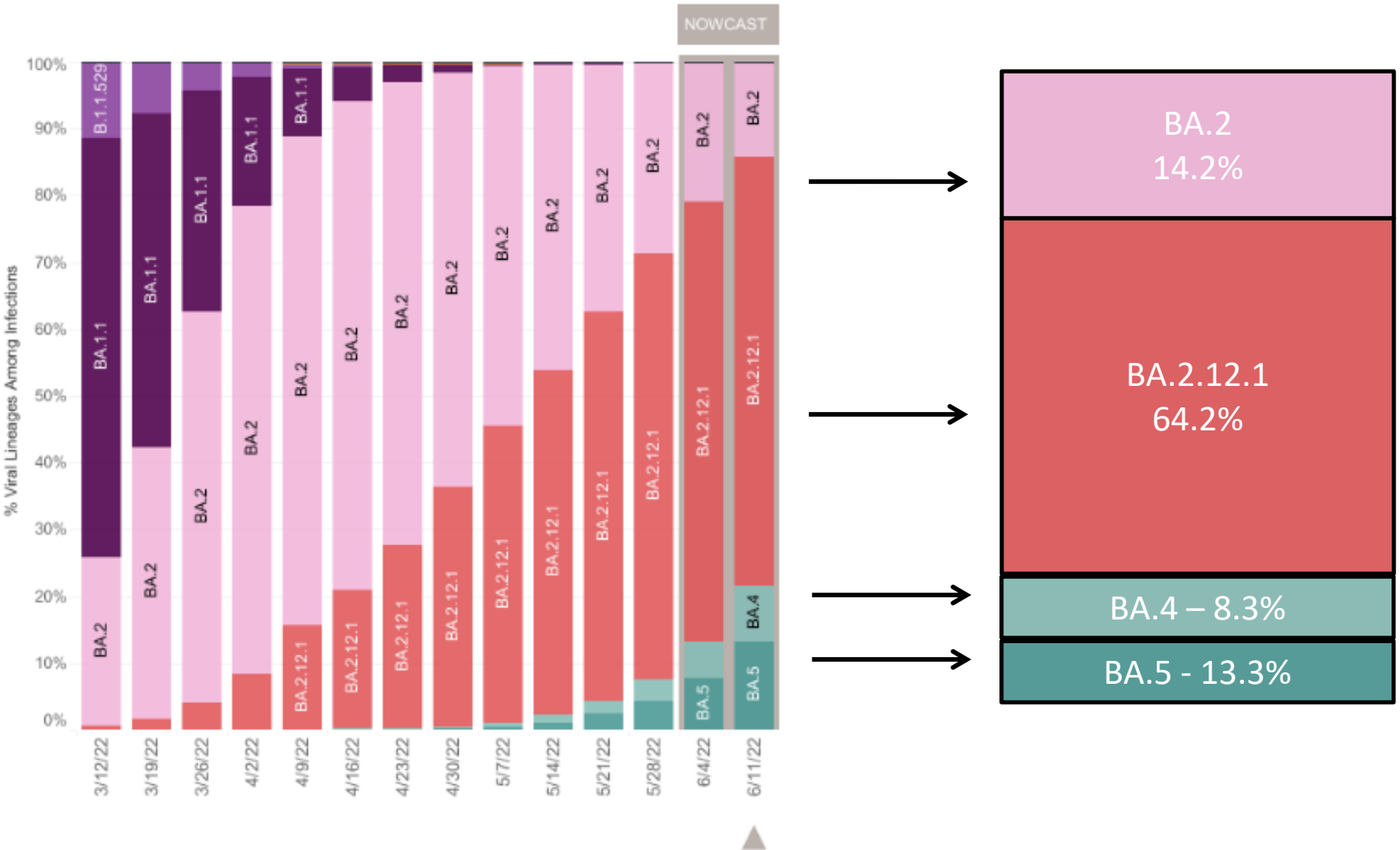
What Prevention Steps Should You Take Based on Your COVID-19 Community Level?

Low	Medium	High
<ul style="list-style-type: none">• Stay up to date with COVID-19 vaccines• Get tested if you have symptoms	<ul style="list-style-type: none">• If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions• Stay up to date with COVID-19 vaccines• Get tested if you have symptoms	<ul style="list-style-type: none">• Wear a mask indoors in public• Stay up to date with COVID-19 vaccines• Get tested if you have symptoms• Additional precautions may be needed for people at high risk for severe illness

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.

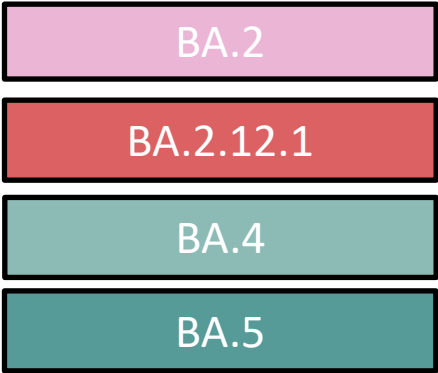
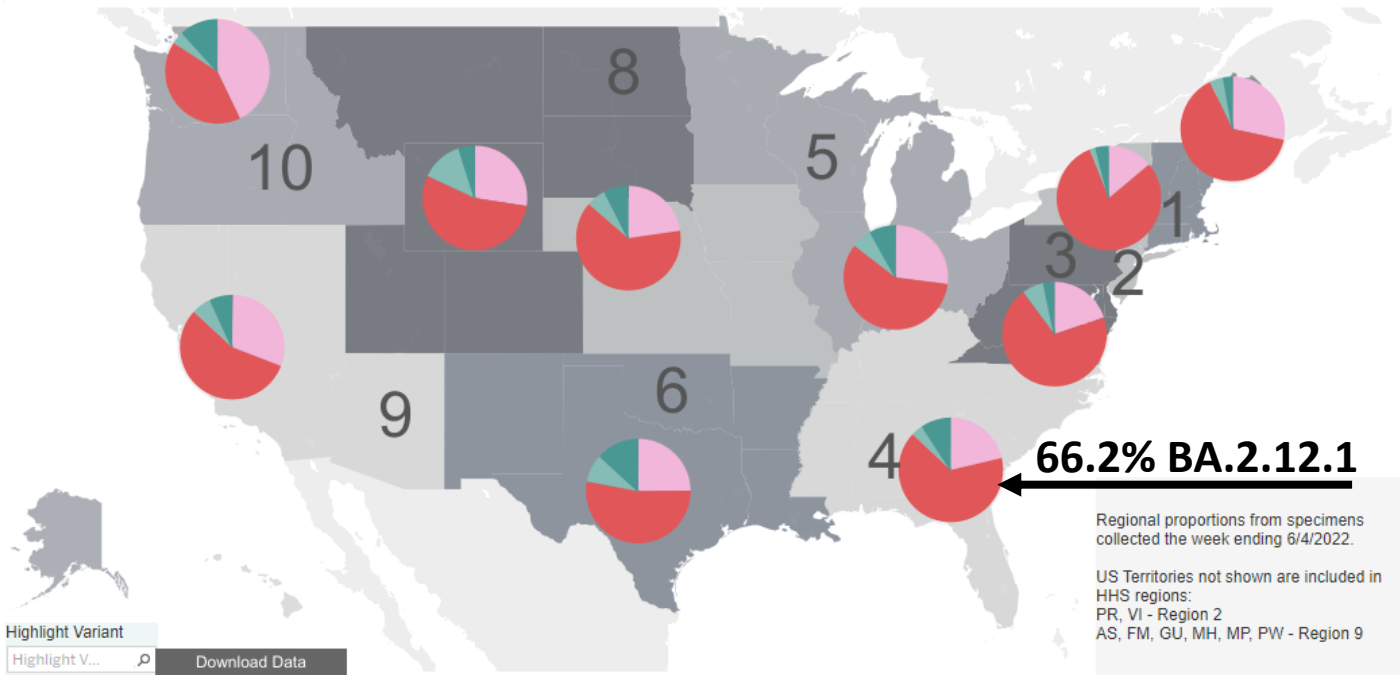
US Variant Proportions

United States: 3/6/2022 – 6/11/2022



Variant Proportions by HHS Region

United States: 5/29/2022 – 6/4/2022 NOWCAST

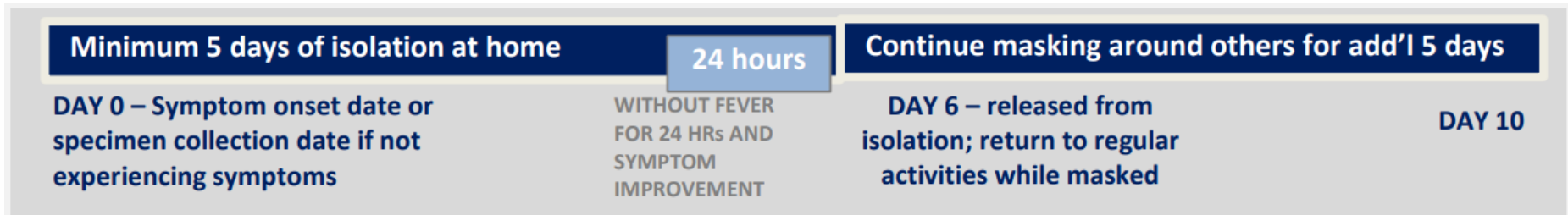


Lineages called using pangolin v4.0.6, pangolin-data v1.8, scorpio version 0.3.17 and constellations v0.1.9.
Lineage BA.1.1 and its sublineages are aggregated with B.1.1.529 at the regional level as they currently cannot be reliably called in each region.

Updated June 7, 2022

Isolation and Quarantine Guidance

- **Case Isolation**
 - Isolate at home for 5 days
 - Mask for 5 additional days



Isolation and Quarantine Guidance

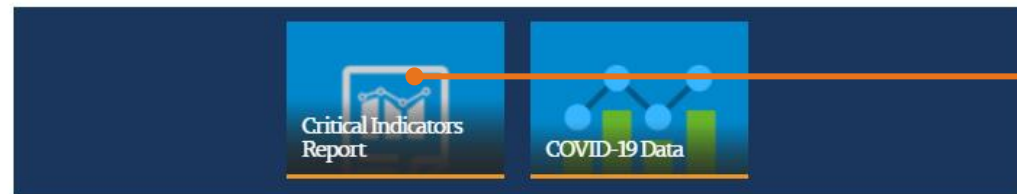
- Quarantine recommendations depend on vaccination status
 - COVID-19 Vaccine Up-to-Date definition
 - Individuals 5yo and older who received all doses in the primary series AND all recommended booster doses when eligible

Up to Date	<div data-bbox="633 662 1644 718">10 days masking around others</div> <div data-bbox="606 758 774 843">DAY 0 – Contact begins quarantine</div> <div data-bbox="1072 751 1277 772">DAY 5 – Get tested.</div>
Not Up to Date	<div data-bbox="606 919 1114 975">5 days quarantine at home</div> <div data-bbox="1114 919 1628 975">5 days masking while around others</div> <div data-bbox="568 1008 728 1089">DAY 0 – Contact begins quarantine</div> <div data-bbox="1014 1008 1410 1118">DAY 5 – Get tested. If w/o symptoms or negative result, return to normal activities. Wear a mask when around others.</div> <div data-bbox="1551 1008 1700 1118">DAY 10 Complete self-monitoring for symptoms.</div>

Tennessee Data Online

Weekly Summary: 05/29/22 - 06/04/22

Cases	Deaths	Hospitalizations*	Tests
+1,616 per day last week	+2 per day last week	+10 per day last week	+5,708 per day last week
2,073,518 Total	26,491 Total	338 Total	13,158,277 Total 20.66% positive 7-day average last week



COVID-19 Critical Indicators

June 11, 2022

Introduction

The COVID-19 Critical Indicator Report is published weekly by the Tennessee Department of Health (TNH) to highlight critical data trends at the county and state level. Community transmission and disease burden metrics published in this report are subject to change and will be reevaluated periodically.

TN COVID-19 at a Glance

2,085,888 Total Number of COVID-19 Cases	1,865 New COVID-19 Cases Today	26,539 Total Number of COVID-19 Deaths
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Key Definitions

Below are definitions. In addition to these definitions, each visualization in this report is explained in further detail in the technical notes (see [page 11](#)):

- In TN, a COVID-19 case is counted in the daily case count, demographics, and outcomes, if it is classified as a confirmed or probable case. Please see the COVID-19 case definition found at <https://www.tn.gov/document/2022/06/08/health-services/tndep-pw-covid-19-case-definition.pdf>
- A **confirmed** case is someone who tested positive (via PCR test) for the virus that causes COVID-19 (SARS-CoV-2).
- A **probable** case is someone who tested positive by another type of test or may not have been tested at all, but has an illness consistent with COVID-19, and may have other risk factors. (e.g. contact with a confirmed case.)
For example:
 - If a person is a close contact of a COVID-19 case and has a clinically-compatible illness, this person meets the criteria to be a probable case.
- The **specimen collection date** is the date someone's COVID-19 lab sample was collected. Due to lab turnaround time there may be delays between when a specimen is collected and a confirmed case is reported to the public. Unless otherwise stated, visualizations in this report use specimen collection date as it more accurately indicates when a patient was sick (and not when their case was reported to the public).

Changes to COVID Critical Indicator Report:

- All timeline charts now restricted to the last 6 months (inset of the trend since the beginning of the pandemic was added for reference)
- Table of variants in circulation over the last 6 months
- Vaccinations by age group
- Number of vaccine doses administered (last 6 months and inset of all time)
- Percent fully vaccinated by county population

Additional

Got Questions about COVID-19?

Call the Case & Community Support Team!

Call us about:

- Isolation and Quarantine Guidance
- Vaccinations
- Medical Care
- Health Insurance
- Work
- School
- Policies
- Self-Testing
- And many other topics!

COVID-19 Case & Community Support Hotline

- Connect with a trained Support Specialist
- Available weekdays between 8 am and 6 pm CT
- Phone: 615-770-6940 // Email:
COVID19.Info@tn.gov





COVID-19 Therapeutics Update

Calita Richards, PharmD, MPH
State Director of Pharmacy
06/17/22

COVID Therapeutics

- **Monoclonal Antibody**
 - Pre-Exposure Prophylaxis in Immunocompromised Patients
 - History of Severe Allergic Reaction to Vaccine
- **Monoclonal Antibody**
 - Treatment
- **Antivirals**
 - Treatment

Monoclonal Antibody Prophylaxis

- **Tixagevimab/Cilgavimab (Evusheld®)**
 - **Pre-Exposure Prophylaxis Only at This Point**
 - **COVID Negative and No Recent Exposure**
 - **Adults and Pediatrics ≥ 12 Years Weighing at Least 40 kg**
 - **Moderate-Severe Immunocompromise**
 - Medical Condition
 - Immunosuppressive Medications and Not Mount COVID Vaccine Response
 - COVID Vaccine Not Recommended Due to History of Severe Allergic Reaction
 - **Dosage Change - 300 mg each component IM, Monitor 1 Hour**
 - **Reporting Requirement**
 - State RedCap Survey - Mondays
 - HPOP - Mondays and Thursdays



Monoclonal Antibody Treatment

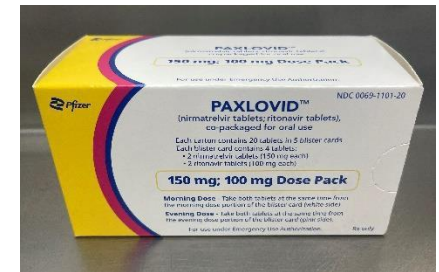
- **Bebtelovimab by Lilly**
 - Treatment IV Push over 30 Seconds, Monitor 1 Hour
 - Positive COVID Test
 - Within 7 Days of Symptom Onset
 - Mild-Moderate Disease with High Risk of Progressing to Hospitalization or Death
 - Adults And Pediatrics ≥ 12 Years Weighing at Least 40 kg
 - Report Requirement
 - State RedCap Survey - Mondays
 - HPOP - Mondays and Thursdays

Antiviral - Lagevrio^R by Merck

- **Molnupiravir**
- **30% Reduction in Hospitalization Or Death**
- **Positive COVID Test**
- **Within 5 Days of Symptom Onset**
- **5-Day Regimen**
 - 4 Capsules Twice A Day
- **Reproductive Harm if Taken during Pregnancy**
 - Merck Pregnancy Surveillance Program
 - Breastfeeding Not Recommended during And up to 4 Days after Treatment

Antiviral - Paxlovid[®] by Pfizer

- Combination of Nirmatrelvir and Ritonavir
- 89% Reduction in Hospitalization or Death
- Positive COVID Test
- Within 5 Days of Symptom Onset
- 5-Day Regimen
- Moderate Renal Disease Dosing (eGFR ≥ 30 to < 60 mL/min)
 - Renal Dosage Packaging
- Not Recommended in Severe Renal Disease (eGFR < 30 mL/min)
- Not Recommended in Severe Hepatic Impairment
- Significant Drug Interactions Due to CYP3A Inhibition



NIH Guidance - April 8, 2022

Figure 1. Therapeutic Management of Nonhospitalized Adults With COVID-19

PATIENT DISPOSITION	PANEL'S RECOMMENDATIONS
Does Not Require Hospitalization or Supplemental Oxygen	<p>All patients should be offered symptomatic management (AIII).</p> <p>For patients who are at high risk of progressing to severe COVID-19,^a use 1 of the following treatment options:</p> <p>Preferred Therapies Listed in order of preference:</p> <ul style="list-style-type: none"> • Ritonavir-boosted nirmatrelvir (Paxlovid)^{b,c} (AIIa) • Remdesivir^{c,d} (BIIa) <p>Alternative Therapies For use <i>ONLY</i> when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:</p> <ul style="list-style-type: none"> • Bebtelovimab^e (CIII) • Molnupiravir^{c,f} (CIIa) <p>The Panel recommends against the use of dexamethasone^g or other systemic corticosteroids in the absence of another indication (AIII).</p>
Discharged From Hospital Inpatient Setting in Stable Condition and Does Not Require Supplemental Oxygen	The Panel recommends against continuing the use of remdesivir (AIIa) , dexamethasone ^g (AIIa) , or baricitinib (AIIa) after hospital discharge.
Discharged From Hospital Inpatient Setting and Requires Supplemental Oxygen <i>For those who are stable enough for discharge but who still require oxygen^h</i>	There is insufficient evidence to recommend either for or against the continued use of remdesivir or dexamethasone.
Discharged From ED Despite New or Increasing Need for Supplemental Oxygen <i>When hospital resources are limited, inpatient admission is not possible, and close follow-up is ensuredⁱ</i>	<p>The Panel recommends using dexamethasone 6 mg PO once daily for the duration of supplemental oxygen (dexamethasone use should not exceed 10 days) with careful monitoring for AEs (BIII).</p> <p>Since remdesivir is recommended for patients with similar oxygen needs who are hospitalized,^j clinicians may consider using it in this setting. As remdesivir requires IV infusions for up to 5 consecutive days, there may be logistical constraints to administering remdesivir in the outpatient setting.</p>
<p>Rating of Recommendations: A = Strong; B = Moderate; C = Weak Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or subgroup analyses of randomized trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion</p>	

NIH Guidance - April 8, 2022

- **Patient Risk Groups for Prioritizing the Use of COVID Therapeutics**
 - **Tier 1**
 - Immunocompromised; Unvaccinated at Highest Risk for Severe Disease
 - **Tier 2**
 - Unvaccinated at Risk of Severe Disease Not in Tier 1
 - **Tier 3**
 - Vaccinated at High Risk of Severe Disease; High Risk and Not Received Booster
 - **Tier 4**
 - Vaccinated at Risk of Severe Disease; Vaccinated But No Booster
- **Dosing Regimens Listed in Order of Preference Based on Efficacy and Convenience of Use**

NIH Guidance - April 8, 2022

- **Symptom Management**
- **Rationale for Use of Specific Agents**
- **Panel Recommendations**
 - Based on Results of Clinical Trials of Antivirals
 - Laboratory Assessments of Bebtelovimab Anti-COVID Activity
- **Bebtelovimab Only When Paxlovid® and Remdesivir Are Not**
 - Available
 - Feasible to Use
 - Clinically Appropriate

Post- Paxlovid[®] Rebound

- **CDC Health Alert Network (HAN):**
 - **Paxlovid[®] Continues to Be Recommended for Early-Stage Treatment of Mild to Moderate COVID-19 among Persons at High Risk for Progression to Severe Disease.**
 - **A Brief Return of Symptoms May Be Part of The Natural History of SARS-CoV-2 Infection in Some Persons, Independent of Treatment with Paxlovid[®] and Regardless of Vaccination Status**

Post- Paxlovid^R Rebound

- **CDC HAN Recommendation:**
 - **No Evidence Additional Treatment for COVID Is Needed**
 - **Follow CDC Isolation Guidance; Take Precautions to Prevent Further Transmission**
 - **Re-Isolate for at Least 5 Days**
 - **End Re-Isolation Period after 5 Full Days if Fever Has Resolved for 24 Hrs (without Use of Fever-Reducing Medication) and Symptoms Are Improving**
 - **Wear A Mask for A Total of 10 Days after Rebound symptoms started**

https://emergency.cdc.gov/han/2022/pdf/CDC_HAN_467.pdf

State Antiviral Distribution

- **State Allocation Expanded**
- **Site Locator**
<https://covid19.tn.gov/>
- **Reporting Requirement**
 - **State RedCap Survey**
 - **Mondays**
 - **HPOP**
 - **Mondays and Thursdays**

Test to Treat/Long-Term Care Program

- **Federal Retail Pharmacy Therapeutic Program (FRPTP)**
 - Pharmacies Located in Conjunction with A Clinic
 - Pharmacies Contracted with Long-Term Care Facilities (LTCF)
 - Receive Antivirals Allocations Directly from Federal Government
- **Test to Treat Locations**
- **Anticipated Federal Test to Treat Site Locator**

COVID Therapeutics

Thank You!

Contact Information

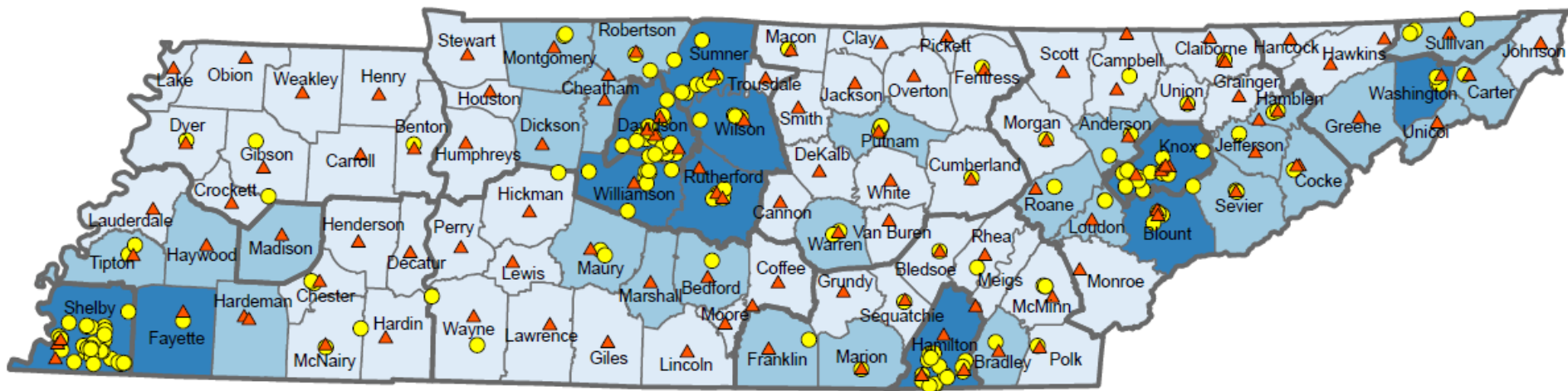
Calita S. Richards, PharmD, MPH
State Director of Pharmacy
Tennessee Department of Health
Calita.Richards@tn.gov



Pediatric Vaccine Data

Emily Lumley, MPH

COVID-19 Vaccination: kids ages 5-11



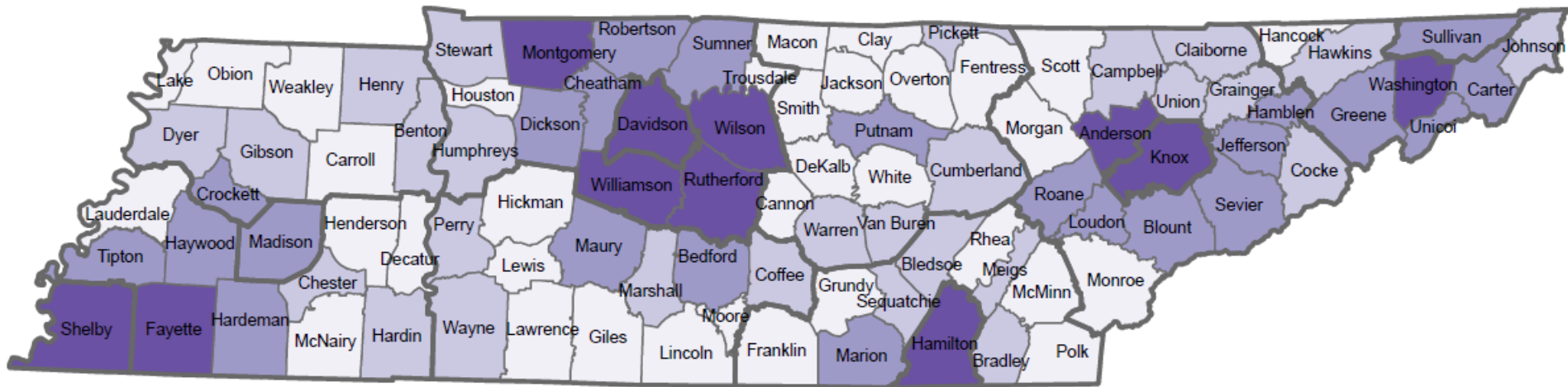
Percent of children ages 5 - 11 with at least one dose

8% or less >8% - 15% >15% - 34%

▲ Public providers with any pediatric vaccine on hand

● Private providers with any pediatric vaccine on hand

COVID-19 Vaccination: kids ages 12-17



Percent of children ages 12 - 17 with at least one dose



20% or less



>20% - 30%



>30% - 40%



>40% - 67%



COVID-19 Vaccine Update

Vaccine Update (as of 6/13/2022)

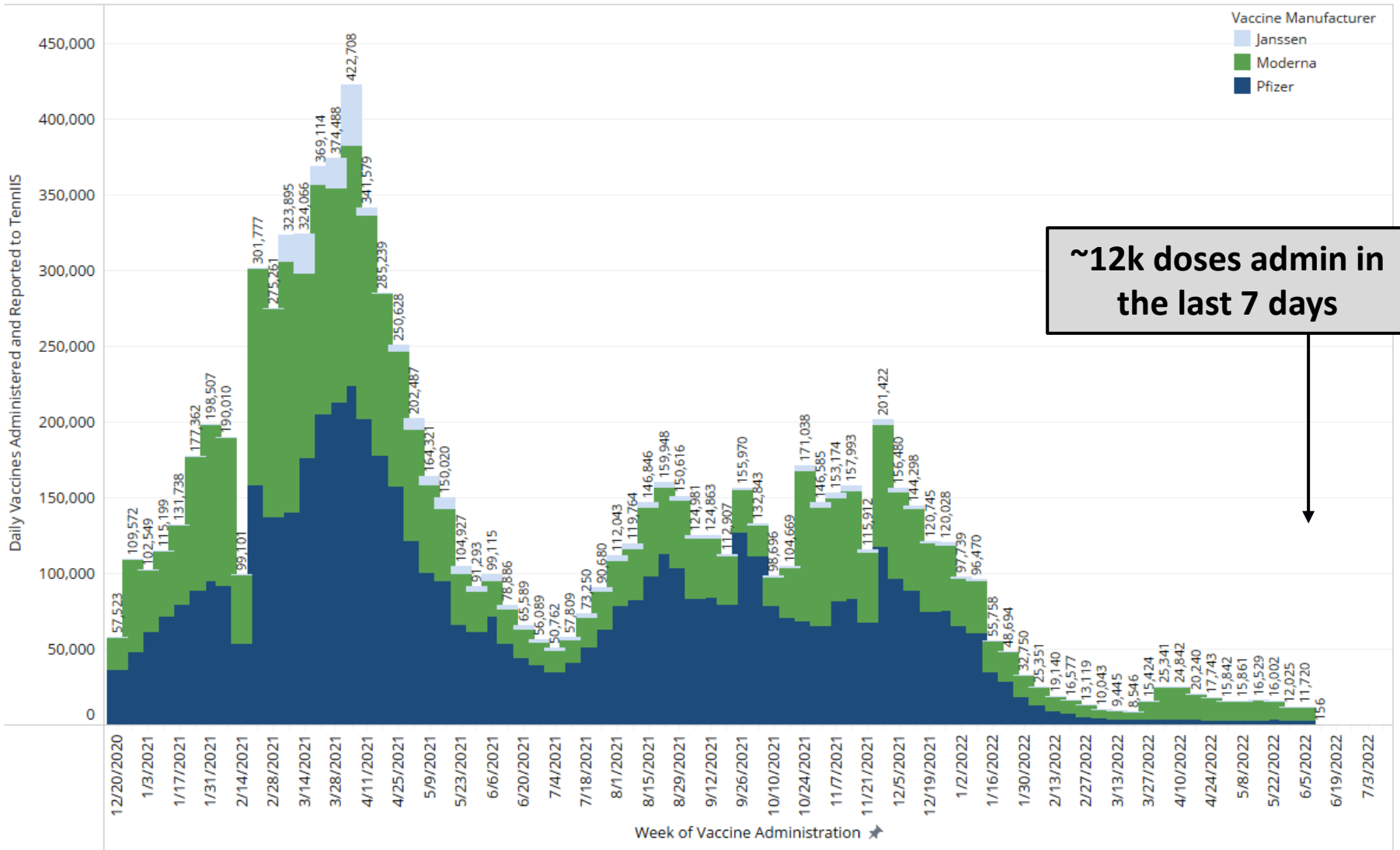
- **9,754,063 doses administered**
- **Tennesseans with at least one dose (% of total population)**
 - **3,864,205 or 56.8% (up from 56.7%) ¹**
 - **National rate = 78.0% (up from 77.9%) ²**
- **Tennesseans fully immunized (% of total population)**
 - **3,507,063 or 50.9% (up from 50.9%) ¹**
 - **National rate = 66.8% (up from 66.7%) ²**

¹ As reported by TennHIS: <https://www.tn.gov/health/cedep/ncov/covid-19-vaccine.html>

² As reported by CDC: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

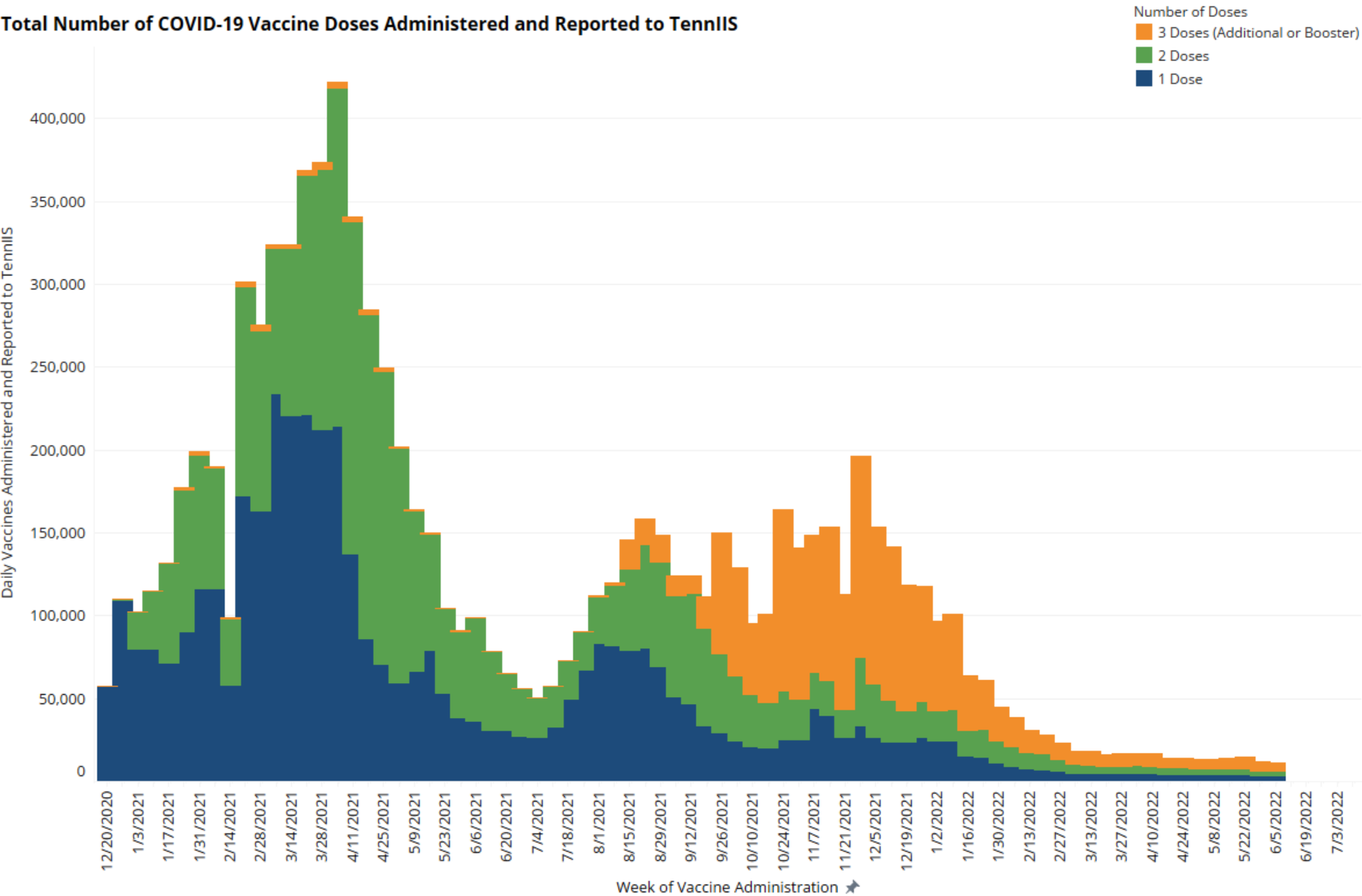
Vaccine Uptake Trends

Total Number of COVID-19 Vaccine Doses Administered and Reported to TennHS
By Week of Administration and Vaccine Manufacturer



Vaccine Uptake by Dose Number

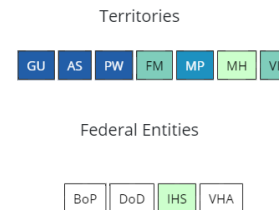
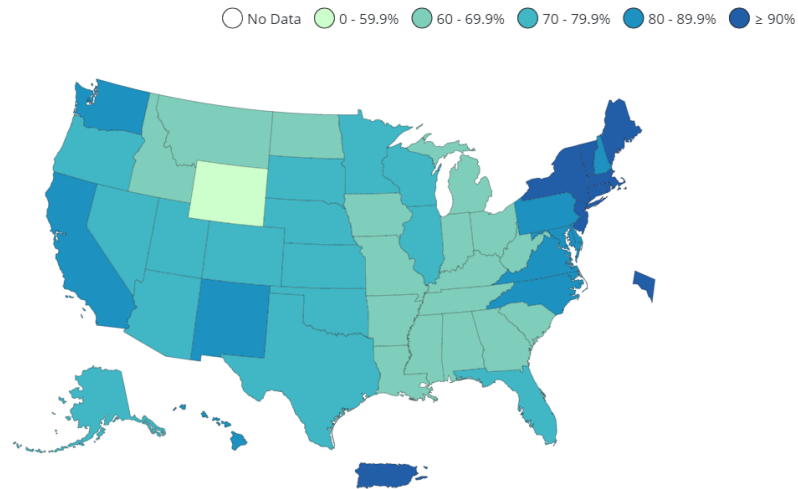
Total Number of COVID-19 Vaccine Doses Administered and Reported to TennHS



Tennessee Ranking ³

- **41th for vaccine administration/100K population**
- **45th for % of total population with at least one dose**
- **46th for % of total population fully vaccinated**

Percent of People Receiving at Least One Dose Reported to the CDC by State/Territory and for Select Federal Entities for the Total Population

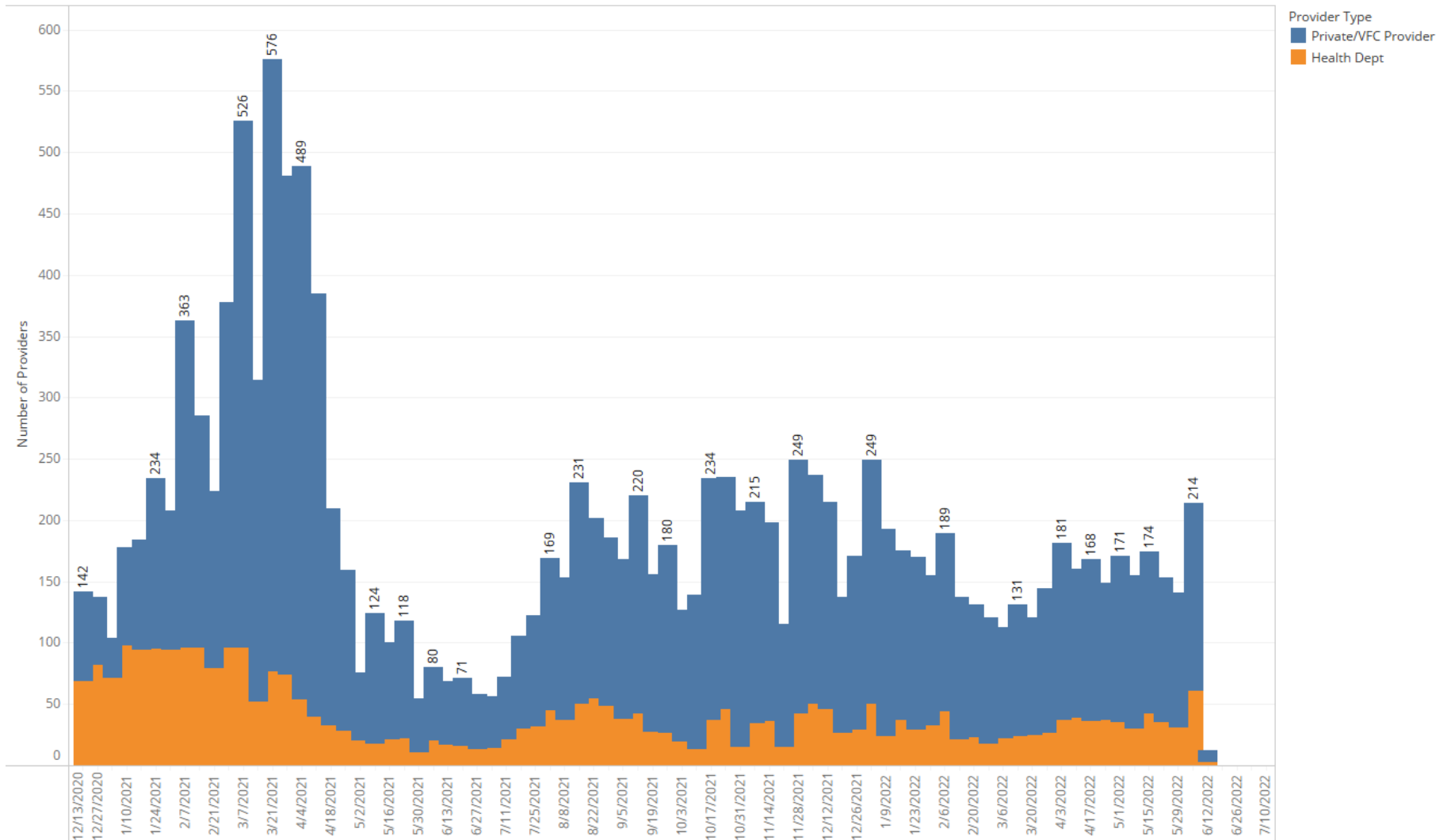


Data for Federal Entities are presented here and are also incorporated into the respective jurisdictional totals

³<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

Provider Ordering

Number of Providers Placing COVID-19 Orders by Week of Date Submitted



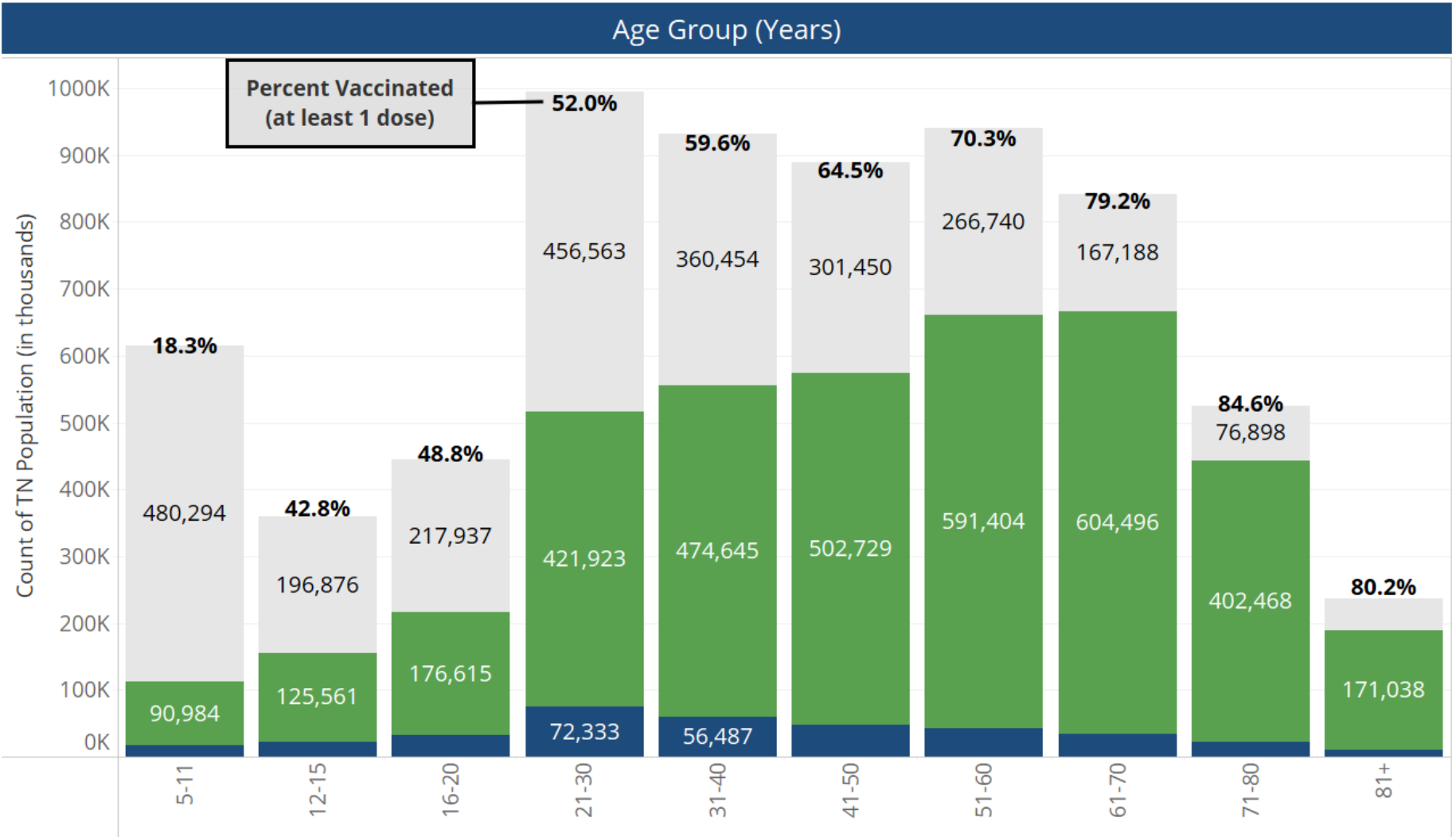
The plots of Number of Providers and Number of Providers for Date Submitted Week. For pane Number of Providers (2): Color shows details about HD1. For pane Number of Providers: The marks are labeled by Number of Providers.

COVID-19 Vaccinations by Age Group

No Vaccine Received

Fully Vaccinated

Partially Vaccinated



Vaccine Uptake, Top and Bottom 10 (at least one dose)

Highest (%)		Lowest (%)	
WILLIAMSON	70.8	SCOTT	41.7
DAVIDSON	69.8	TROUSDALE	41.6
LOUDON	63.5	LEWIS	41.1
KNOX	63.2	MACON	40.7
HAMILTON	61.7	SMITH	40.3
SHELBY	61.3	BLEDSON	39.7
ANDERSON	60.8	LAWRENCE	39.0
FAYETTE	60.7	FENTRESS	38.6
WILSON	60.4	GRUNDY	38.4
HAYWOOD	58.6	LAKE	37.1

¹ As reported by TennHHS: <https://www.tn.gov/content/tn/health/cedep/ncov/COVID-19-Vaccine.html>

Additional Information

- **FDA Grants EUA and ACIP Votes to Recommend Boosters for 5-11 Year olds**
- **Updated Definition of “Up to Date” on COVID Vaccines to include a Booster dose**
 - People age 5 years and older are up to date with their COVID-19 vaccines when they have received all doses in the primary series and all booster doses recommended for them, when eligible, found [here](#).
- **Federal Advisory Committee Meeting Dates: More FDA info [here](#)**
 - **June 14 VRBPAC recommended authorization of the Moderna COVID-19 vaccine 2-dose primary series for children: (more info found [here](#))**
 - 12-17 years (100 ug) - 93.3% effective
 - 6-11 years (50 ug) - 88% effective
 - **June 15 VRBPAC recommended authorization of both: (more info found [here](#))**
 - Moderna COVID-19 vaccine 2-dose primary series for children 6 months - 5 years (25 ug) and
 - ❑ 36.8% efficacy for 2-5 years, 50.6% efficacy for 6-23 months during Omicron
 - Pfizer COVID-19 vaccine 3-dose series for children 6 months - 4 years (3 ug)
 - ❑ 80.3% overall efficacy demonstrated during Omicron period
 - **Next ACIP Meeting: June 17-18 (in progress) can be found [here](#)**
- **Vaccine preordering has begun with potential receipt of vaccine by June 20th if approved.**